

RECOGNITION CONTRIBUTION FORM

(ACKNOWLEDGMENT ON REVERSE OF CARD)

(Print or type all information)

I, _____, am making a donation in memory of or in honor of:

PERSON'S NAME: _____

☐ Send acknowledgment to the honoree *or*

☐ To the family of C/O: _____

ADDRESS: _____

In the amount of \$ _____

(Checks, payable to CSEC, or a payroll deduction).

Donation is made to the following organization:

Code # _____

I wish ☐ to be or ☐ not to be named on the confirmation message to the individual of this donation.

My Name: _____

Agency: _____ Employee #: _____

Agency Address: _____

E-mail Address: _____

Work Phone Number: () _____

I understand that the enclosed check or my payroll deduction contribution will be sent to the organization I designated above and a letter will be sent to the individual that I am making the donation on behalf of to acknowledge my contribution.

Employee signature and date

PARTICIPATING FEDERATIONS

America's Charities

Community Health Charities of New England

Connecticut United Ways

Earth Share New England

Global Impact

Independent Charities of America

Neighbor To Nation

Partners for a Better World

CAMPAIGN WEB SITE: WWW.CSEC.CT.GOV